

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

101549757

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	8		/				53						
4	8		/				54						
5	8		/				55						
6	8		/				56						
7	0		/				57						
8	0		/				58						
9	0		/				59						
10	0		/				60						
11	0		/				61						
12	0		/				62						
13	0		/				63						
14	0		/				64						
15	0		/				65						
16	0		/				66						
17	/		/				67						
18	/		/				68						
19	/		/				69						
20	0		/				70						
21	0		/				71						
22	0		/				72						
23	0		/				73						
24	0		/				74						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2										
TOTAL DEP.	23		23										
TOTAL CLAIMS	25		24										

BEST AVAILABLE COPY